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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	10	Application Number	10/782,953
		Filing Date	February 23, 2004
		First Named Inventor	Erik J. Shaholian et al.
		Art Unit	2629
		Examiner Name	Lao, Lun Yi
		Attorney Docket Number	IMMR-0097B (034701-014)

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copies of Deposit Account Statements - Exhibits A & B; copies of Office Actions and postcards showing receipt - Exhibits C-F; Return Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	THELEN REID BROWN RAYSMAN & STEINER LLP		
Signature			
Printed Name	Khaled Shaml		
Date	April 25, 2008	Reg. No.	38,745

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Sharon E. Byam	Date	April 25, 2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IMMR-0097B (034701-014)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Erik J. Shahoian et al.
SERIAL NO.: 10/782,953 CONFIRMATION NO.: 7553
FILING DATE: February 23, 2004
TITLE: HAPTIC INTERFACE DEVICE AND ACTUATOR ASSEMBLY
PROVIDING LINEAR HAPTIC SENSATIONS
EXAMINER: Lao, Lun Yi
ART UNIT: 2629

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Mail Stop 16, Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450, on the date printed below:

Date: 4/25/08

Name: Sharon E. Byam
Sharon E. Byam

MAIL STOP: 16
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR REFUND OF FEES

Dear Sir:

Applicant respectfully requests that the United States Patent and Trademark office issue a refund in the amount of \$510.00, to: THELEN REID BROWN RAYSMAN & STEINER LLP, Deposit Account No. 50-1698 which we believe was charged in error by the United States Patent and Trademark Office as follows: \$450.00 on February 15, 2007, for Code 1252, representing charges for a two month extension of time and \$60.00 on January 14, 2008, Code 2252, representing a one month extension of time. Copies of the two Deposit Account Statements reflecting those charges are enclosed as Exhibits A and B, respectively.

It is respectfully submitted that on February 1, 2007, a Response was filed to an Office Action dated November 2, 2006; therefore the Response was timely filed and no extension of time would have been due on February 15, 2007. Therefore, the \$450.00 should be refunded to our deposit account. A copy of the first page of the Office Action (Exhibit C) as well as a copy of the post card showing receipt of the response by the U.S. Patent Office (Exhibit D) is enclosed for your convenience.

Further, on December 13, 2007, a Notice of Appeal was timely filed in response to an Office Action dated September 13, 2007 and therefore, no extension fees would be due for filing this document. The \$60.00 extension fee should also be refunded back into the deposit account. A copy of the first page of this Office Action (Exhibit E) as well as a copy of the post card showing receipt of the Notice of Appeal (Exhibit F) by the U.S. Patent Office is enclosed for your convenience.

Applicant, hereby requests that \$510.00, (\$450.00 plus \$60.00) which were charged in error, be refunded to our Deposit Account No. 50-1698 as soon as possible. Please call the undersigned at the number below if you have any questions regarding this matter.

Respectfully submitted,

THELEN REID BROWN RAYSMAN & STEINER LLP

Dated: 4/25/08



Khaled Shami
Reg. No. 38,745

THELEN REID BROWN
RAYSMAN & STEINER LLP
P.O. Box 640640
San Jose, CA 95164-0640
Telephone: (408) 292-5800
Facsimile: (408) 287-8040



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Page**Deposit Account Statement**

Requested Statement Month: February 2007
Deposit Account Number: 501698
Name: THELEN REID BROWN RAYSMAN & STEINER LLP.
Attention: CATHY ELCHINOFF
Street Address 1: 225 W. SANTA CLARA STREET
Street Address 2: 12TH FLOOR
City: SAN JOSE
State: CA
Zip: 95113-1723
Country: UNITED STATES

DATE	SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
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02/05	3	10165573	CISCO-6157	1201	\$200.00	\$36,855.00
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START SUM OF				SUM OF	END	
BALANCE CHARGES				REPLENISH	BALANCE	
\$37,095.00 \$1,300.00				\$.00	\$35,795.00	

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EXHIBIT "A"



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Page**Deposit Account Statement**

Requested Statement Month: January 2008
 Deposit Account Number: 501698
 Name: THELEN REID BROWN RAYSMAN & STEINER LLP.
 Attention: CATHY ELCHINOFF
 Street Address 1: 225 W. SANTA CLARA STREET
 Street Address 2: 12TH FLOOR
 City: SAN JOSE
 State: CA
 Zip: 95113-1723
 Country: UNITED STATES

DATE	SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
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EXHIBIT "B"

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EXHIBIT "B"

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01/15 14	PAYMENT		9203	-\$25,095.00	\$53.0C
01/15 4	10754823	CISCO-7857	1402	\$510.00	\$52.52
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01/15 81	10390579	MSUD-010	2501	\$720.00	\$51.6E
01/15 82	10390579	MSUD-010	1504	\$300.00	\$51.3E
01/15 83	10390579	MSUD-010	8001	\$3.00	\$51.37
01/15 73	61010891	061177-002	2005	\$105.00	\$51.27
01/15 201	11661047	034299-000738	1617	\$130.00	\$51.14
01/15 11954	11405811	IMMR-0099E (034701-620)	1806	\$180.00	\$50.9E
01/16 2094	6091672	3593-3	2552	\$1,180.00	\$49.7E
01/16 3038	11988284	034299-811	8021	\$40.00	\$49.74
01/16 4	12002016	606778-000006	2201	-\$105.00	\$49.84
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01/16 219	12008916	IMMR-0099P	1011	\$310.00	\$49.51
01/16 220	12008916	IMMR-0099P	1111	\$510.00	\$49.0C

EXHIBIT "B"



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34701-14

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/782,953	02/23/2004	Erik J. Shahoian	IMMR-0097B	7553

60140 7590 11/02/2006

IMMERSION - THELEN REID & PRIEST L.L.P
THELEN REID & PRIEST L.L.P
P.O. BOX 640640
SAN JOSE, CA 95164-0640

EXAMINER

LAO, LUN YI

ART UNIT

PAPER NUMBER

2629

DATE MAILED: 11/02/2006

OA Due 2/2/07
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Date _____
Date 2006
Date _____

EXHIBIT "C"

REVIEWED BY DOCKET

Serial/Patent No.: 10/782,953

Filing/Issue Date: 02/23/2004

Applicant: Erik J. Shahoian

Title: HAPTIC INTERFACE DEVICE AND ACTUATOR ASSEMBLY PROVIDING LINEAR HAPTIC SENSATIONS

Docket No.: IMMR-0097B

Atty/Sec'y Initials: DBR/KS/ja

Date Mailed: 02/01/2007

Docket Due Date: 02/02/2007

The following has been received in the U.S. Patent & Trademark Office on the date stamped hereon:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Amendment/Response (3 pgs.) | <input type="checkbox"/> IDS & PTO 1449 (____ pgs.) |
| <input type="checkbox"/> Appeal Brief (____ pgs.) | <input type="checkbox"/> ____ Pieces of Prior Art Enclosed |
| <input type="checkbox"/> Application - Utility (____ pgs. with cover & abstract) | <input type="checkbox"/> Issue Fee Transmittal |
| <input type="checkbox"/> Application - Rule 1.53(b) Continuation (____ pgs.) | <input type="checkbox"/> Submission of Formal Drawings: |
| <input type="checkbox"/> Application - Rule 1.53(b) Division (____ pgs.) | ____ # of sheets includes ____ figures |
| <input type="checkbox"/> Application - Rule 1.53(b) CIP (____ pgs.) | <input type="checkbox"/> Notice of Appeal |
| <input type="checkbox"/> Application - Rule 1.53(d) CPA (____ pgs.) | <input checked="" type="checkbox"/> Postcard |
| <input type="checkbox"/> Application - PCT (____ pgs.) | <input type="checkbox"/> Preliminary Amendment (____ pgs.) |
| <input type="checkbox"/> Application - Provisional (____ pgs.) | <input type="checkbox"/> Reply Brief (____ pgs.) |
| <input type="checkbox"/> Assignment and Cover Sheet | <input type="checkbox"/> Req. and Cert. Not to Publish - Rule 1.213 |
| <input type="checkbox"/> Certificate of Correction | <input type="checkbox"/> Request for Continued Examination (RCE) (____ pgs.) |
| <input checked="" type="checkbox"/> Certificate of Mailing | <input type="checkbox"/> Request for Extension of Time ____ Month(s) |
| <input type="checkbox"/> Declaration & POA (____ pgs.) | <input type="checkbox"/> Response to Notice to File Missing Parts |
| <input type="checkbox"/> Fee Transmittal | <input type="checkbox"/> Copy of PTO Notice to File Missing Parts |
| <input type="checkbox"/> Drawings (informal): | <input checked="" type="checkbox"/> Transmittal Letter |
| ____ # of sheets includes ____ figures | <input type="checkbox"/> Express Mail No.: ____ |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Credit Card Transmittal for \$ ____ |
| | <input type="checkbox"/> Deposit Acct. No. 50-1698 \$ ____ |
| | Patent Code: ____ |
| | Client/Matter # 034701-014 |



EXHIBIT "D"



UNITED STATES PATENT AND TRADEMARK OFFICE



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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/782,953	02/23/2004	Erik J. Shaboian	IMMR-0097B	7553

60140 7590 09/13/2007
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Patent Docket

EXAMINER

LAO, LUN YI

ART UNIT PAPER NUMBER

2629

MAIL DATE DELIVERY MODE

09/13/2007

PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

ACTION DUE: Final OA/Ntc Appeal Due
DUE/RMR DATE: 11/13/07
DEADLINE DATE: 3/13/08
DOCKETED BY: (M)

EXHIBIT "E"

REVIEWED BY DOCKET

Serial/Patent No.: 10/782,953 Filing/Issue Date: 02/23/2004
Applicant: Erik J. Shahoian
Title: HAPTIC INTERFACE DEVICE AND ACTUATOR ASSEMBLY PROVIDING LINEAR HAPTIC SENSATIONS

Docket No.: IMMR-0097B Atty/Secty Initials: DBR/KS/ja
Date Mailed: 12/13/2007 Docket Due Date: 12/13/2007

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